

REFERRAL FORM

Please print clearly

PATIENT INFORMATION:

Name: _____ UNC MR#: _____ DOB: _____

Preferred phone#: _____ Insurance: _____

For non-UNC Patients ONLY:

Street Address: _____

City: _____ State: _____ Zip: _____

REFERRING CARE-PROVIDER INFORMATION:

Referring Physician: _____ UNC ID _____

UPIN _____ Clinic contact person _____

Phone # _____ Fax #: _____

****SPECIFIC REFERRAL QUESTION (REQUIRED)****

Who is appropriate for this specialty clinic:

- More newly diagnosed Parkinson's and interested in comprehensive assessments for baseline functioning and Parkinson's education.
- Or, has had Dx for a while but is experiencing more difficulty with development of motor or non-motor Sx and needs consultation on management and prioritization of plan of care.

Who is *not* appropriate for this specialty clinic:

- Not yet been diagnosed with Parkinson's, or needs second opinion on Dx.
- Possibility of atypical Parkinsonism Dx (progressive supranuclear palsy, corticobasal syndrome, multiple system atrophy). UNC Movement Disorders Center is also a CurePSP Center of Care and we have a separate clinic for this.
- Priority is to see movement disorders specialist to focus on medication Tx, without wanting or needing allied health therapies.

➤ For any of these, please refer to UNCH Neurology – Movement Disorders. Fax 984-974-2285.

Please fax ATTN to: Angie Glover at 919-966-2922.

Please also include insurance information and all recent Parkinson's-related medical notes.